


Race Awards

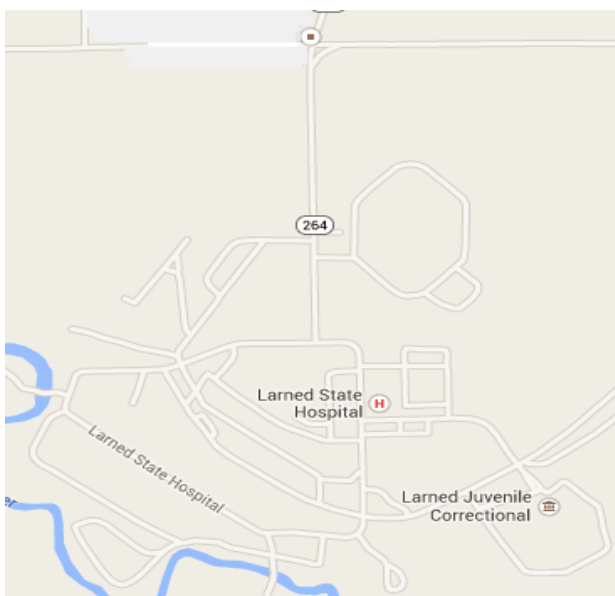


Medals will be given to 1st, 2nd, and 3rd place in each age bracket. As well a customized plaque will go to the 1st overall Male and Female

Age Groups:

12 & under	13-19
20-29	30-39
40-49	50-59
60-69	70 & over

DIRECTIONS: Follow Ks Highway 264 South. At the dead end turn left and follow the curve around to the 1st left (Isaac Ray Drive)  Registration is in the parking lot of Isaac Ray



Registration

ENTRY FEE: \$20 (if register by Aug 30th to receive a tee shirt)

Race day registration: \$20 (no tee shirt guaranteed)

Saturday, September 20, 2014

Race Day Schedule

7:00 am—Registration begins

8:00 am—5K Start

To Pre-register by Mail:

Larned State Hospital

Bell of Hope 5K Run

Attn: Jim Smith

1301 Kansas Highway 264

Larned, KS 67550

Mail checks payable to:

LSH Endowment

Entry Form

**Larned State Hospital
Bell Of Hope
5K Run**

Official Registration Form

Name: _____

Address _____

City: _____

State/Zip _____

Entrants Ages as of Sept 20, 2014

T-Shirt size: (circle one)

S M L XL XXL XXXL

PLEASE READ THE WAIVER on the opposite side CAREFULLY BEFORE SIGNING. THIS WAIVER AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS AND WILL LIMIT OR ELIMINATE YOUR ABILITY TO BRING A FUTURE LAWSUIT.



Moisture wicking tee-shirt

I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I hereby certify that I am in good health and I have trained to run the distance of the race, which I am entering. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry into this running race, I, for myself and anyone entitled to act on my behalf, waive and release the Larned State Hospital; Larned State Hospital Endowment, its officers, directors, agents, volunteers and employees, all states, cities, countries or other governmental bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or liabilities of an kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

I understand that bicycles, skateboards, baby joggers, roller skates or inline skates and animals are not allowed in the event and I will abide by this guideline. The use of personal audio devices (iPods and MP3 headsets) is allowed.

Participant's name: _____

Participant's signature: _____

Parent or Legal Guardian for persons under Eighteen (18) as of 9/20/14

Name: _____

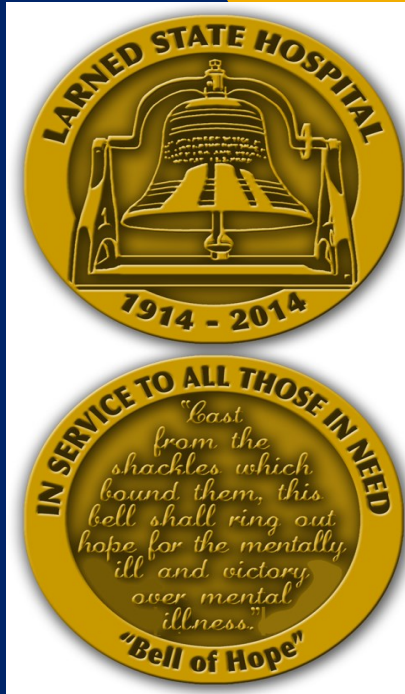
Signature: _____

Relationship to Minor: _____

Larned State Hospital

Bell of Hope

5K Run



Sept 20, 2014

Larned State Hospital Campus